

1. Eric John Tudela Mafnas
2. Reg, No. 00483-005
3. Federal Correctional Institution
4. P.O. Box 9000
5. Safford, AZ 85548

FILED
Clerk
District Court

JUL 10 2008

6. Pro Se

For The Northern Mariana Islands
By _____
(Deputy Clerk)

7. UNITED STATES DISTRICT COURT
8. FOR THE DISTRICT OF NORTHERN MARIANA ISLANDS
9.

10. ERIC JOHN TUDELA MAFNAS,
11. Petitioner,

Civ No. **CV 08 - 0031**

12. vs.

Case No. Cr-04-000038-001

13. UNITED STATES OF AMERICA,
14. Respondent(s).

MOTION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER.
(HABEAS)

15. _____/
16.
17. COMES NOW, ERIC JONH TUDELA MAFNAS, pro se requesting to
18. Proceed In Forma Pauperis in the above entitled case without
19. prepayment of fees under 28 U.S.C. § 1915. See HAINES v.
20. KERNER, 404 U.S. 519, 520-21, 92 S.Ct. 594, 30 L.Ed.2d 652
21. (1972). Pro se complaints and motions from prisoners are to
22. be liberally construed.

23. See attach declaration in support of my request to proceed
24. in the above entitled case.

25. Respectfully submitted

26.
27. Dated: June 28th, 2008


Eric John Tudela Mafnas

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies, under penalty of perjury,
that he has served the attached Motion to proceed informa
pauperis by prisoner.,
upon the following parties:

Office of the Clerk
District Court for the
Northern Mariana Islands
P.O. Box 500687
Saipan, MP 96950

postage prepaid, by placing same in the Bureau of Prisons' mail-
ing system, on the date set forth below.

DATED: June 28, 2008.
Safford, Arizona.

Eric John Tudela Mafnas
Eric John Tudela Mafnas
FCI Safford
P.O. Box 9000
Safford, AZ 85548

Eric John Tudela Mafnas

(Petitioner)

United States of America

(Respondent[s])

**DECLARATION IN SUPPORT
OF REQUEST
TO PROCEED
IN FORMA PAUPERIS**

I, ERIC MAFNAS, declare that I am the movant in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? Yes X No _____
 - a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer.
\$19-\$24 per month, Mr. Macias, Recreation SDR, FCI Safford, AZ 85548
 - b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received.

2. Have you received, within the past twelve months, any money from any of the following sources?
 - a. Business, profession or form of self-employment? Yes _____ No X
 - b. Rent payments, interest or dividends? Yes _____ No X
 - c. Pensions, annuities or life insurance payments? Yes _____ No X
 - d. Gifts or inheritances? Yes X No _____
 - e. Any other sources? Yes _____ No X

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.

Father \$600, Mother \$300, Wife about \$150-275 I received this from family

3. Do you own any cash, or do you have money in a checking or savings account? Yes X No _____ (Include any funds in prison accounts)

If the answer is yes, state the total value of the items owned.

I have about \$100 in my prison account.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes _____ No X

If the answer is yes, describe the property and state its approximate value. _____

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support. Velma Mafnas (wife), Krara, Marian, Tahani, Jhana Mafnas (Daughters), Eric Jr, Jose Mafnas (sons) (6 Kids & Stepson)

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.
Executed on 5-22-08
(Date)

[Signature]
Signature of Movant

CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$ 190.00 on account to his credit at the Federal Correctional Institution institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: _____

N/A

[Signature]
Authorized Officer of Institution
Case Manager
Title of Officer

5-22-08

Inmate Inquiry

Inmate Reg #:	00483005	Current Institution:	Safford FCI
Inmate Name:	MAFNAS, ERIC	Housing Unit:	SAF-O-B
Report Date:	05/22/2008	Living Quarters:	002-008L
Report Time:	7:53:00 AM		

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 5935
 PAC #: 006331265
 FRP Participation Status: Completed
 Arrived From: PHX
 Transferred To:
 Account Creation Date: 3/13/2006
 Local Account Activation Date: 4/27/2006 3:25:58 AM

Sort Codes:
 Last Account Update: 5/19/2008 7:20:37 AM
 Account Status: Active
 Phone Balance: \$15.36

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$190.04
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$190.04
National 6 Months Deposits:	\$2,279.42
National 6 Months Withdrawals:	\$2,220.26
National 6 Months Avg Daily Balance:	\$226.35
Local Max. Balance - Prev. 30 Days:	\$281.02
Average Balance - Prev. 30 Days:	\$237.02

Commissary History

Purchases

Validation Period Purchases: \$230.98
YTD Purchases: \$2,375.74
Last Sales Date: 5/15/2008 6:57:36 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Bi-Weekly Revalidation: No
Spending Limit: \$290.00
Expended Spending Limit: \$218.58
Remaining Spending Limit: \$71.42

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments: